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Substitute for Form PTO-875

Application of Duplet Number

10/699566

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
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41	42
43	44
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65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))

SMALL ENTITY	
RATE	FEE
	\$ _____
K \$ _____ =	
K \$ _____ =	
I \$ _____ =	
TOTAL	

OR OTHER THAN
SMALL ENTITY

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

1-5-07

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR § 16.011)	13	Minus	20	=
	Independent (37 CFR § 16.011)	3	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR § 16.011)					

SMALL ENTITY	
RATE	ADDITIONAL FEE
1.5 _____ =	
1.5 _____ =	
1.5 _____ =	
TOTAL	
ADDITIONAL FEE	

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (2: CFA + 1640)		Minus	"
Independent (2: CFA + 1640)		Minus	"

First independent claim on multiple dependent claim (2: CFA + 1640)

RATE	ADDITIONAL FEE
1. _____ =	
1.5 _____ =	
4.5 _____ =	
TOTAL ADDITIONAL FEE	

 $\cdot\text{CH}_3$

RATE	ADDITIONAL FEE
K \$ _____	
P \$ _____	
\$ _____	
TOTAL	
ADDITIONAL FEE	

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (3) CER 114011		Minus	"
Independent (3) CER 114011		Minus	"
FIRST PRESENTATION OF MORE THAN DEPENDENT CLAIMS (3) CER 114011			

RATE	ADDITIONAL FEE
1.5 _____ =	
1.5 _____ =	
1.5 _____ =	
TOTAL	
ADDITIONAL FEE	

OR

RATE	ADDITIONAL FEE
\$ 3.00	
\$ 3.00	
\$ 3.00	
\$ 3.00	
TOTAL \$ 12.00	

* If the entry in column 1 is less than the entry in column 2, write 0 in column 3.
 * If the "Highest Number Previously Paid for IN HHS SPACE" is less than 24, enter 24.
 * If the "Highest Number Previously Paid for IN HHS SPACE" is less than 1, enter 1.

The Highest Number Previously Paid For (Total or Independently) is the highest number found in the appropriate box in the following collection of information:

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO) in process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Patent Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22303-1450. (606) 561-1111, ext. 22333. 1650. (606) 561-1111, ext. 22333. 1650.